

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. <u>101068812</u>	FILING DATE
APPLICANT(S)	

10/7/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
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TOTAL IND.			/	5		
TOTAL DEP.				14		
TOTAL CLAIMS				19		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		←		←		←
TOTAL CLAIMS						